2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# 715441

Entity Name: OVIEDO LITTLE LEAGUE, INC.

Current Principal Place of Business:

112 KING ST.
P.O. BOX 935
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620935
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 59-1278623 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLUXTON, TODD A
1951 WRENFIRLD LANE
OVEIDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WITT, KATHY	
Address:	460 WILMINGTON CIRCLE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	TD	( ) Delete
Name:	CLUXTON, TODD	
Address:	1951 WRENFIELD LANE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	VPD	( ) Delete
Name:	PANAGIOTOU, PATRICK	
Address:	437 ARTESIA ST	
City-St-Zip:	OVIEDA, FL 32765	
Title:	D	( ) Delete
Name:	O'BRIEN, DOUG	
Address:	1651 WICHITA	
City-St-Zip:	OVIEDO, FL 32765	
Title:	D	( ) Delete
Name:	CLUXTON, DEBRA	
Address:	1951 WRENFIELD LANE	
City-St-Zip:	OVIEDO, FL 32765	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD CLUXTON TD 01/06/2004
Electronic Signature of Signing Officer or Director — Date